

**SOUTHWEST MISSOURI STATE UNIVERSITY  
MEMORANDUM OF UNDERSTANDING AND AGREEMENT (MUA)  
FOR RECOMBINANT DNA EXPERIMENTS**

DATE: \_\_\_\_\_

RESEARCHER'S NAME \_\_\_\_\_

RESEARCHER'S TITLE \_\_\_\_\_ PHONE NO: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ BUILDING & ROOM NO(s) \_\_\_\_\_

GRANTING AGENCY \_\_\_\_\_ GRANT NO. (IF APPLICABLE) \_\_\_\_\_

TITLE OF GRANT OR PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**A. Describe the experiment involving recombinant DNA techniques.** Your description is to be sufficiently complete so as to provide committee members an understanding of what you tend to do and how you will do it.

**A summary or abstract of your methods and materials section will also be helpful.** Please reference this discussion to appropriate NIH Guidelines and/or USDA/APHIS, and EPA regulations.

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B. ASSESSMENT LEVELS OF PHYSICAL AND BIOLOGICAL CONTAINMENT.

(1) Describe how you intend to meet physical and biological containment requirements (reference NIH/USDA/EPA guidelines).

NIH Guidelines (<http://www.cdc.gov/od/ohs/biosfty/bsc/bsc.htm>)

APHIS (<http://www.aphis.usda.gov/forms/index.html>)

(2) Will this project involve environmental release?

(3) Describe procedures and precautions to be followed in transporting biohazardous agents between laboratories.

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C.  I agree to accept responsibility for training of all laboratory workers involved in the project.

I agree to comply with all appropriate requirements pertaining to shipment and transfer of recombinant DNA materials.

I am familiar with and agree to abide by the provisions of the current NIH/USDA/EPA Guidelines and other specific instructions pertaining to the proposed project.

THE INFORMATION ABOVE IS ACCURATE AND COMPLETE.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

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D. We certify that the Southwest Missouri State University Committee on Biosafety has reviewed the proposed project for recombinant DNA experiments for compliance with the NIH/USDA/EPA and SMSU Guidelines.

E. The Southwest Missouri State University Committee on Biosafety will monitor throughout the duration of the project the facilities, procedures, and the training and expertise of the personnel involved in the recombinant DNA activity.

F. The Southwest Missouri State University Committee on Biosafety has determined, based on information provided by the Principal Investigator that no special medical surveillance (other than usual University health programs) is required for the project described in this MUA.

G. SPECIAL INSTRUCTIONS:

H. \_\_\_\_\_  
Chairperson  
SMSU Institutional Biosafety Committee

\_\_\_\_\_ Date

RETURN THIS FORM TO:

OFFICE OF SPONSORED RESEARCH AND PROGRAMS  
CARRINGTON ROOM 407